

For City of Tamarac use only

A

Volunteers working with youths/
minors or vulnerable populations

City of Tamarac

Waiver of Confidential Records for Volunteers (Working with youths/minors or vulnerable populations)

Printed Name

Date of Birth
(If under 18, parent or guardian must sign below)

Street Address

City, State, Zip

*Social Security Number

List Other Name(s) used in the past

Driver's License Number

Volunteer Position applying for

Permission is hereby given to any agency of the Government of the United States, any municipal corporation or political subdivision of this State, or any other State agency or department thereof, and any other agency, person, firm, or corporation holding records considered confidential concerning me, to furnish to the City of Tamarac or an agent acting on their behalf information and copies thereof desired involving me in any way upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me, or in possession of information concerning me, to supply such information to the City of Tamarac. This authorization shall remain on file and shall serve as an ongoing authorization for the City of Tamarac to procure confidential records at any time during engagement as a volunteer with the City of Tamarac.

Such records, I understand, may include job performance, investigations, and/or disciplinary history, reasons for termination from employment, reasons for discharge from military service, criminal history, educational records, character references, or any other personal information which may not otherwise be obtained without my prior agreement.

Signature

Date

Signature of Parent or Guardian if Volunteer is under the age of 18

STATE OF FLORIDA)

) SS:

COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared that _____, who being first duly sworn deposes and says on oath that he/she has read the foregoing Affidavit, subscribed to by him/her, and that the matters therein contained are true and correct to the best of his/her knowledge and belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20____.

NOTARY PUBLIC, STATE OF FLORIDA

Personally Known _____ OR Produced Identification _____.

Type of Identification Produced _____ My Commission Expires:

*Your social security number is requested for the purpose of volunteer applicant identity verification and background screening and will be used solely for these purposes.